

CERTIFICATE OF OCCUPANCY APPLICATION

APPLICATION WILL NOT BE ACCEPTED WITHOUT A SITE AND FLOOR PLAN

	TODAY'S DATE:	PROJECT #
	FEE Y N RECON	ACCT#T.I. INSPECTOR
Business Address:	-	Zip:
Sq. Ft. of Business:	Business Phone	e:
Property Owner and Address:		Zip:
Type of Business:	Name of Busines	SS:
ADDRESS MUST BE PERMANENTLY PO	DO NOT WRITE BELOW THE OSTED ON BUILDING, NUMBERS	
FOR PLAN REVIEW: Type of Occupancy: Type of Construction: Building Sprinklered: Y N Ki	Zoning:	Change of Use: Y N
Occupancy Load and Sq. Ftg:		Issue Load Card: Y N
Parking Requirements:		
FOR FIELD INSPECTOR:		
No. of Exits: Lighted Y Remarks:	Panic Hardware Y N To N Handicapped Acc	otal Exit Width ress Y N H/C Bthrm Y N
Hood: Y N (Type I, Type II, Chemic List Equipment Type (for kitchen):	cal) Last Inspected:	
Signs:REMARKS:		
FERRED BY:	INSPECTOR:	

This document will serve as verification that a Certificate of Occupancy has been applied for. It in no way acknowledges that the applicant is approved for this space-only that a review is in process. If any corrections need to be made, all items must be complete prior to the issuance of a Certificate of Occupancy.

FINALED DATE: